

KENTUCKY LAW ENFORCEMENT COUNCIL
Peace Officer Professional Standards
Funderburk Building
Eastern Kentucky University
521 Lancaster Road
Richmond, KY 40475-3102
(859) 622-6218
Fax: (859) 622-5943

FORM T-1
Medical Release – Phase I Testing

NAME: _____

Date of Birth ____/____/____ **SS#** ____-____-____

	YES	NO	
1.			Has a doctor ever said you have heart trouble?
2.			Do you frequently suffer from chest pains?
3.			Do you often feel faint or have severe spells of dizziness?
4.			Are you over age fifty (50) and not accustomed to vigorous exercise?
5.			Has a doctor ever said you have an abnormal electrocardiogram (ECG)?
6.			Do you have diabetes?
7.			Do you have a close family relative (mother, father, sister, brother) who has heart disease before age 50?
8.			Has a doctor ever said you have high cholesterol or blood fats?
9.			Has a doctor ever said you have high blood pressure?
10.			If you are 35 or older: Do you smoke?
11.			Has a doctor ever told you that you have a muscle, skeletal, or joint problem which would stop you from doing any type of exercise?
12.			Do you know your readings on the following: Blood Pressure: SBP _____ DBP _____
13.			Blood lipids: Total Cholesterol _____ Total to HDL Ratio _____

- If any one item (1-11) is checked “YES,” the attached Physician’s Medical Release Form (T-1a) must be completed by a licensed physician. The physician medical release must be received by POPS along with this form “Medical Release—Phase I Testing” on or by the scheduled date for POPS Phase I Testing.

I hereby verify that the above information is true and accurate.

Signed this _____ day of _____, 20_____.

Signature of Applicant

Printed Name of Applicant

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FORM T-1a
Physician's Medical Release Form

NAME: _____

Date of Birth _____/_____/_____ **SS#** _____-_____-_____

Peace officer applicants in the Commonwealth of Kentucky are required to perform a variety of essential physically demanding tasks including the following:

Walking for extended periods
Short sprints
Long pursuit running lasting over 2 minutes
Jumping over and around obstacles
Lifting and carrying objects sometimes up and down stairs
Using hands and feet in use of force situations
Using force in short and long term (greater than 2 minutes) efforts
Bending and reaching
Dragging people and objects as in extracting victims from vehicles

To measure an individual's capacity to perform these critical tasks all applicants must undergo a physical fitness test consisting of the following (6) items:

1. 1.5 mile run to measure aerobic power
2. 300 meter run to measure anaerobic power
3. 1 minute sit up to measure abdominal muscular endurance
4. Maximum push up to measure upper body muscular endurance
5. 1 repetition maximum bench press to measure upper body absolute strength
6. Vertical jump to measure leg explosive strength or power

Your professional opinion is requested as to whether the individual can safely participate in physical agility testing.

PLEASE CHECK ONE:

- _____ **There are no contraindications to the individual either 1) being capable of performing the essential physical tasks or 2) being capable of undergoing the physical agility test items.**
- _____ **There are contraindications and it is not recommended that the individual participate in the physical agility test items.**

I hereby verify that the above information is true and accurate.

Signed this _____ day of _____, 20_____.

Signature of Physician

Printed Name of Physician